

AGED CARE SERVICES & COVID-19 RESPONSE IN JAPAN & AUSTRALIA**September 16th 2020; 8am AWST****Online & In-Person****Chaired by Mary Gurgone, Deputy Chair (AfCAS)****Speakers:****Dr Mari Miyake (PhD) lecturer, Kansai Medical University, Osaka, Japan****Irene Mooney, CEO of MYVISTA Residential Aged Care****Theresa Kwok, CEO of Chung Wah Association Community & Aged Care****Henrietta Podgoska, Umbrella Multicultural Community Care Services****Elizabeth Drozd, CEO of Australian Multicultural Community Services**

WELCOME by IRENE MOONEY, AfCAS CHAIR

*Australian's elderly migrants.... on
whose shoulders we stand*

AfCAS will advocate for improved quality, accountability and access to culturally appropriate services for our Culturally and Linguistically Diverse (CALD) seniors, regardless of their geographic location.



INTERACTING WITH THE SPEAKERS by MARY GURGONE, MC & AfCAS DEPUTY CHAIRCHAIR

**USE “CHAT” ICON ON ZOOM TO TYPE YOUR QUESTION AND
INDICATE WHO YOU WANT TO REPLY.**

**Questions will be answered during the panel discussion after all
speakers have finished their presentations**

Mari Miyake, Director, Department of Hygiene & Public Health - Kansai Medical University. Osaka, Japan

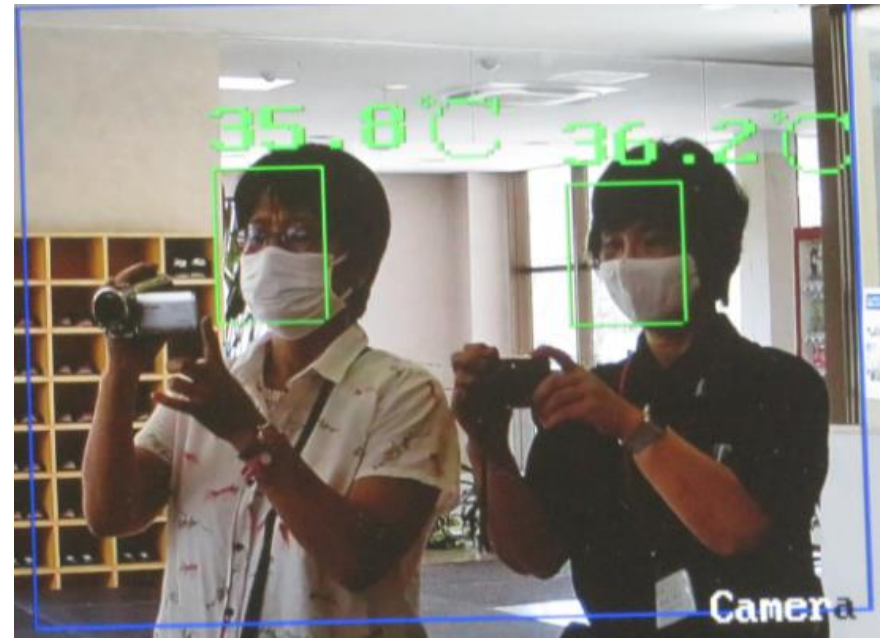
In JAPAN, the aging is thought to outweigh all other nations with the highest proportion of elderly citizens both in rural and urban areas. Mari will share how Japan is managing COVID-19 in aged care, keeping the death rate so much lower than those of many other countries.

TRANSLATION OF PRESENTATION: RIKA ASAOKA, AfCAS COMMITTEE MEMBER

ENGLISH REVIEW AND VOICE OVER: MARY GURGONE, AfCAS DEPUTY CHAIR

Different types of aged care facilities in Japan.

1. Geriatric Health Facilities
2. Measures taken for COVID-19



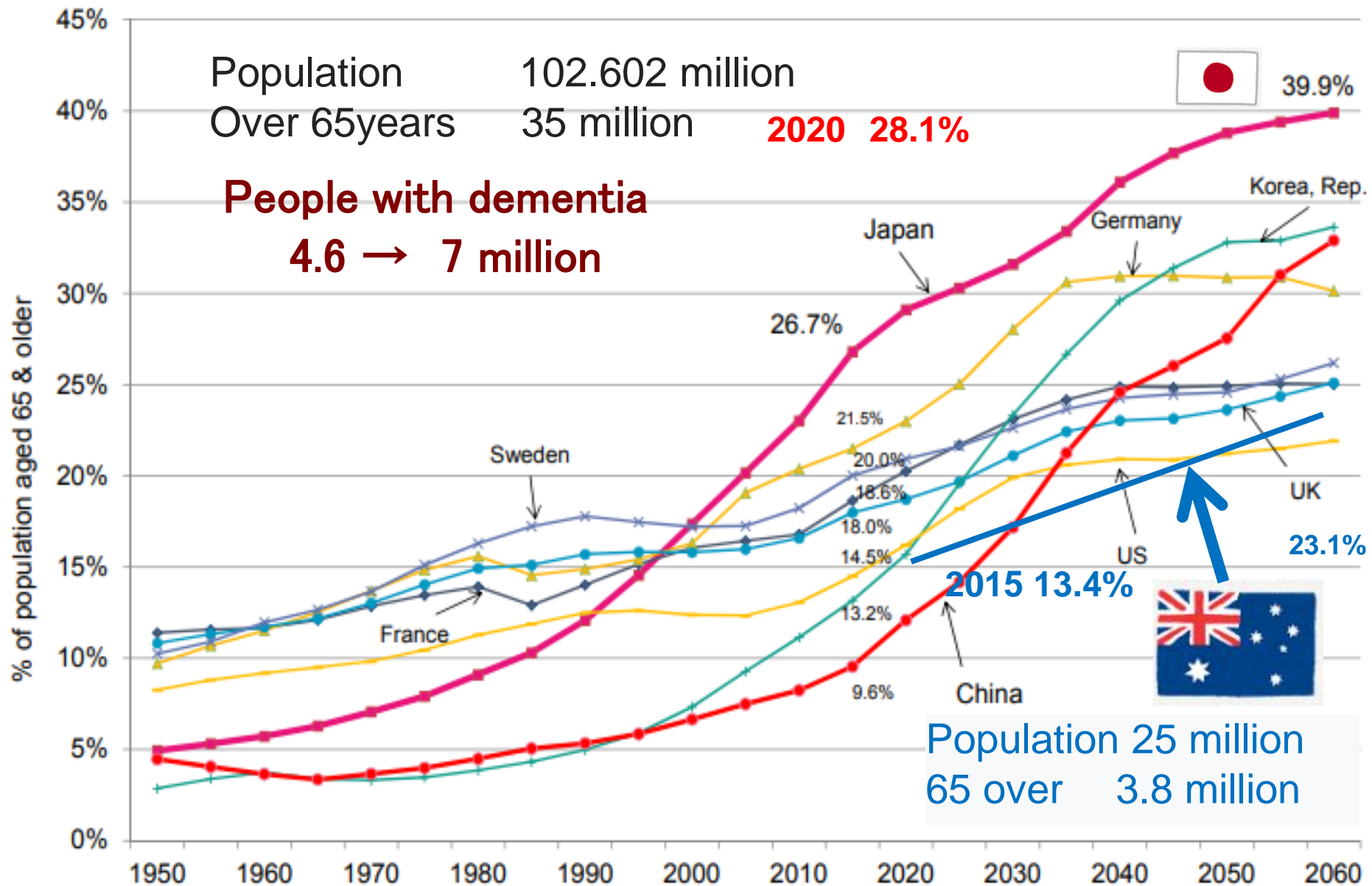
Mari Miyake (Phd.)

Department of Hygiene and Public Health

Sonoyo Maehara Facility manager



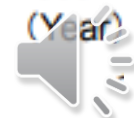
Changes in the Percentage of the Population Over Age 65



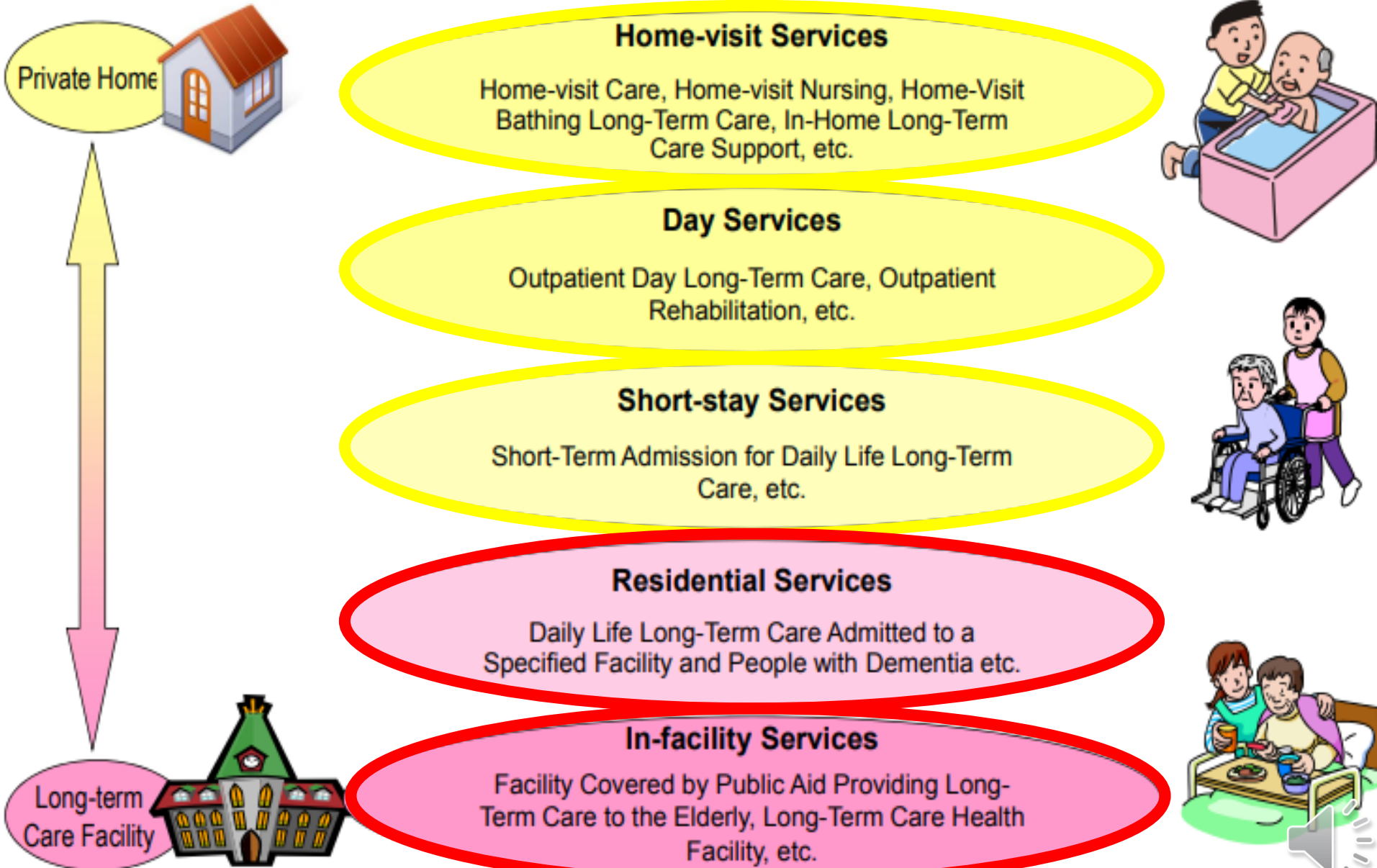
Population 102.602 million
 Over 65years 35 million

People with dementia
 4.6 → 7 million

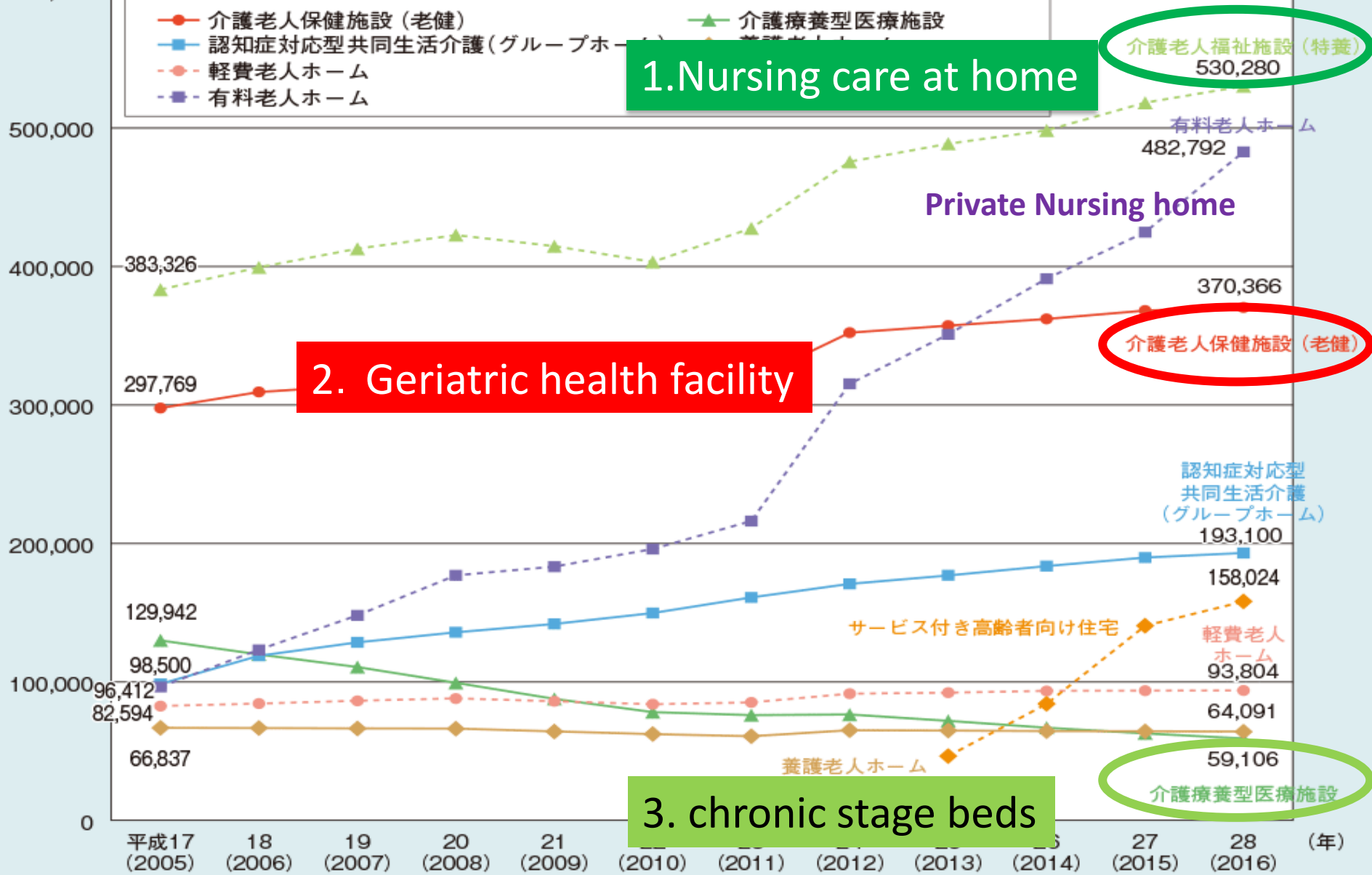
Sources: For Japan – Ministry of Internal Affairs and Communications, Population Census; National Institute of Population and Social Security Research – “Population Projections for Japan (January 2012 estimate): Medium-Fertility & Medium-Mortality Assumption” (Figures as of Oct. 1 of each year)
 For other countries – United Nations, World Population Prospects 2010



Varieties of Long-term Care Insurance Services



The number of Japanese nursing care beds



1. Nursing care at home

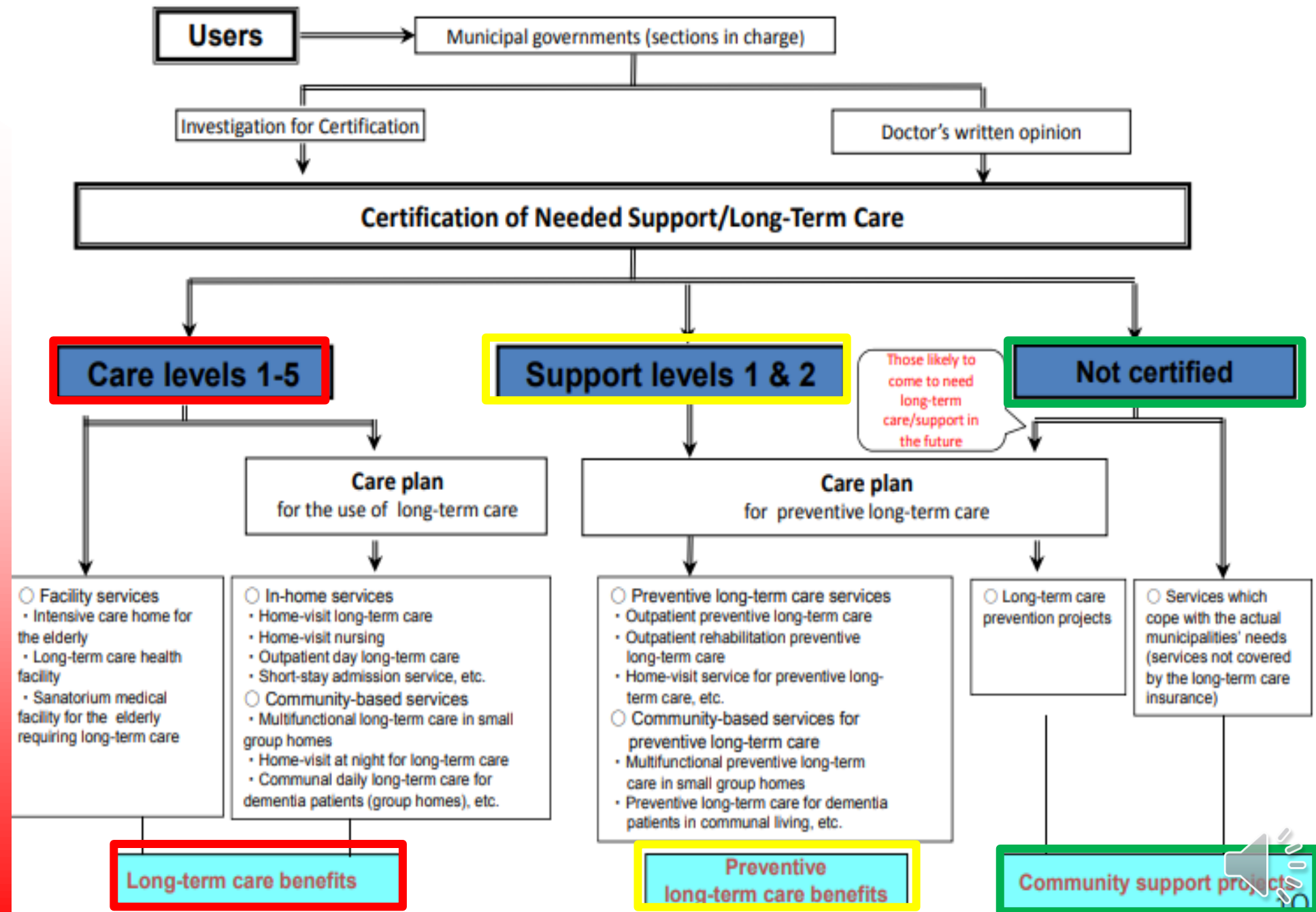
2. Geriatric health facility

3. chronic stage beds

資料：厚生労働省「介護サービス施設・事業所調査」、「社会福祉施設等調査」、「介護給付費等実態調査」（各年10月審査分）
 (注1)「認知症対応型共同生活介護 (グループホーム)」については受給者数である。
 なお、平成18年以降は短期利用以外である。
 (注2)「サービス付き高齢者向け住宅」は、有料老人ホームの届出をしているもののみである。

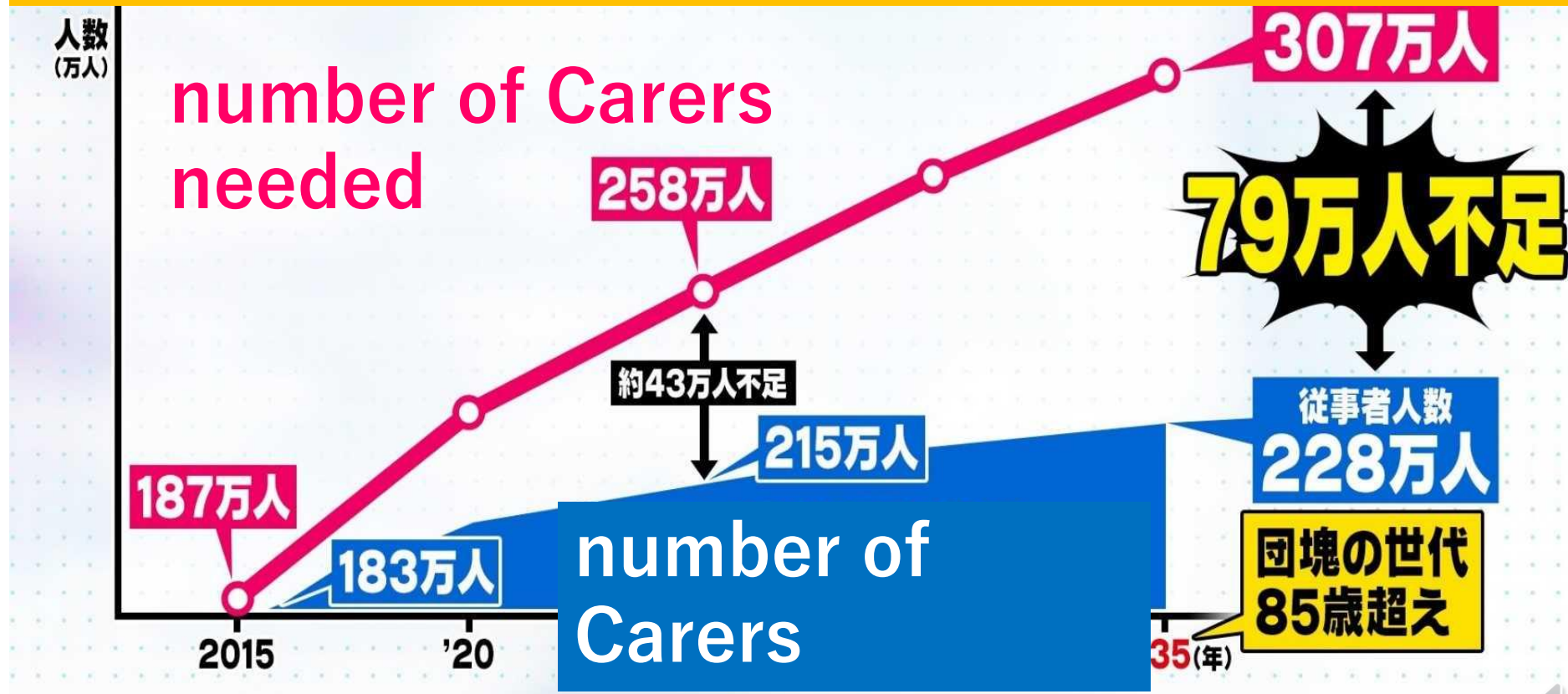


Procedure for Use of Long-term Care Services



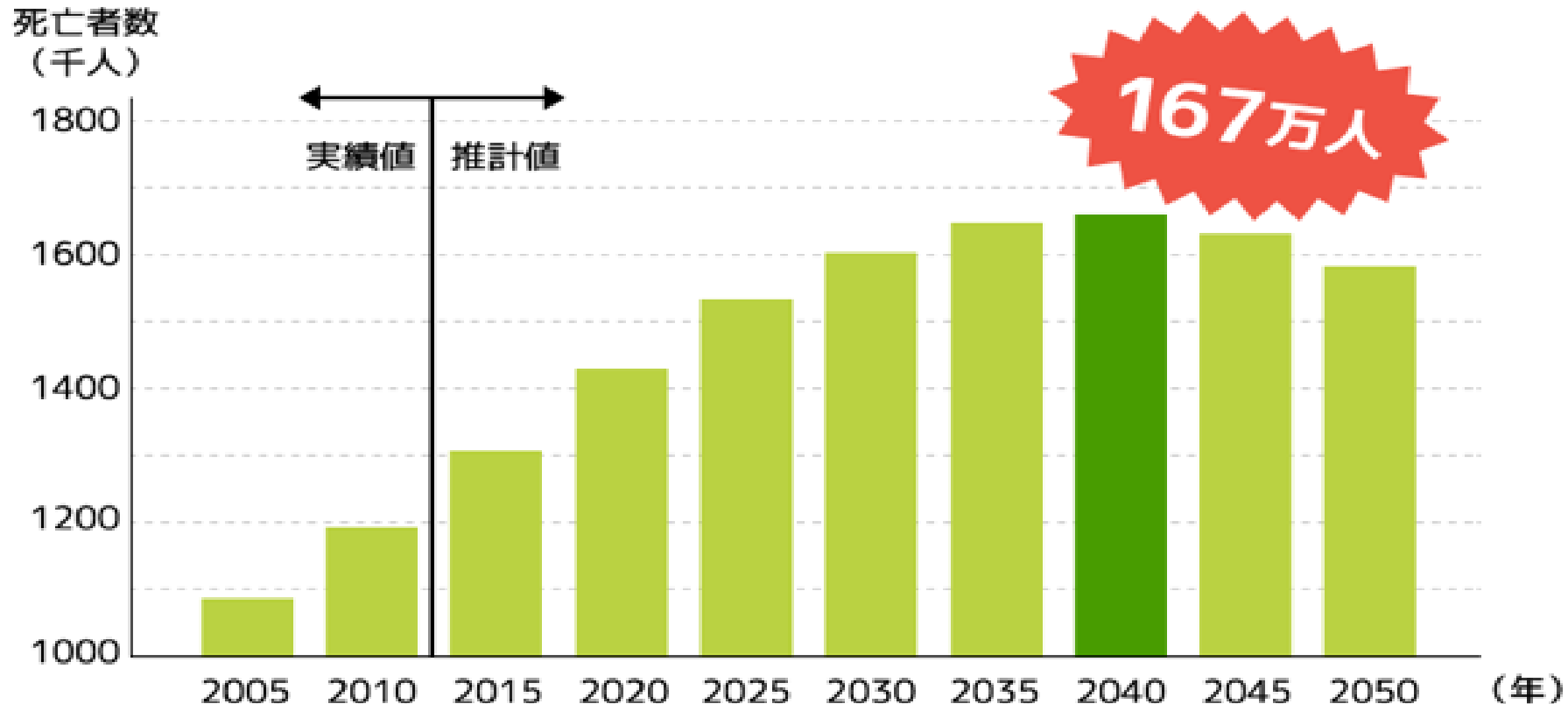
Carer Shortage 790,000 (2035)

	(2000)		(2020)
People in need of care	1.49	→	5.54 million
The cost has increased	3.6	→	9.7trillion yen



For Palliative Care

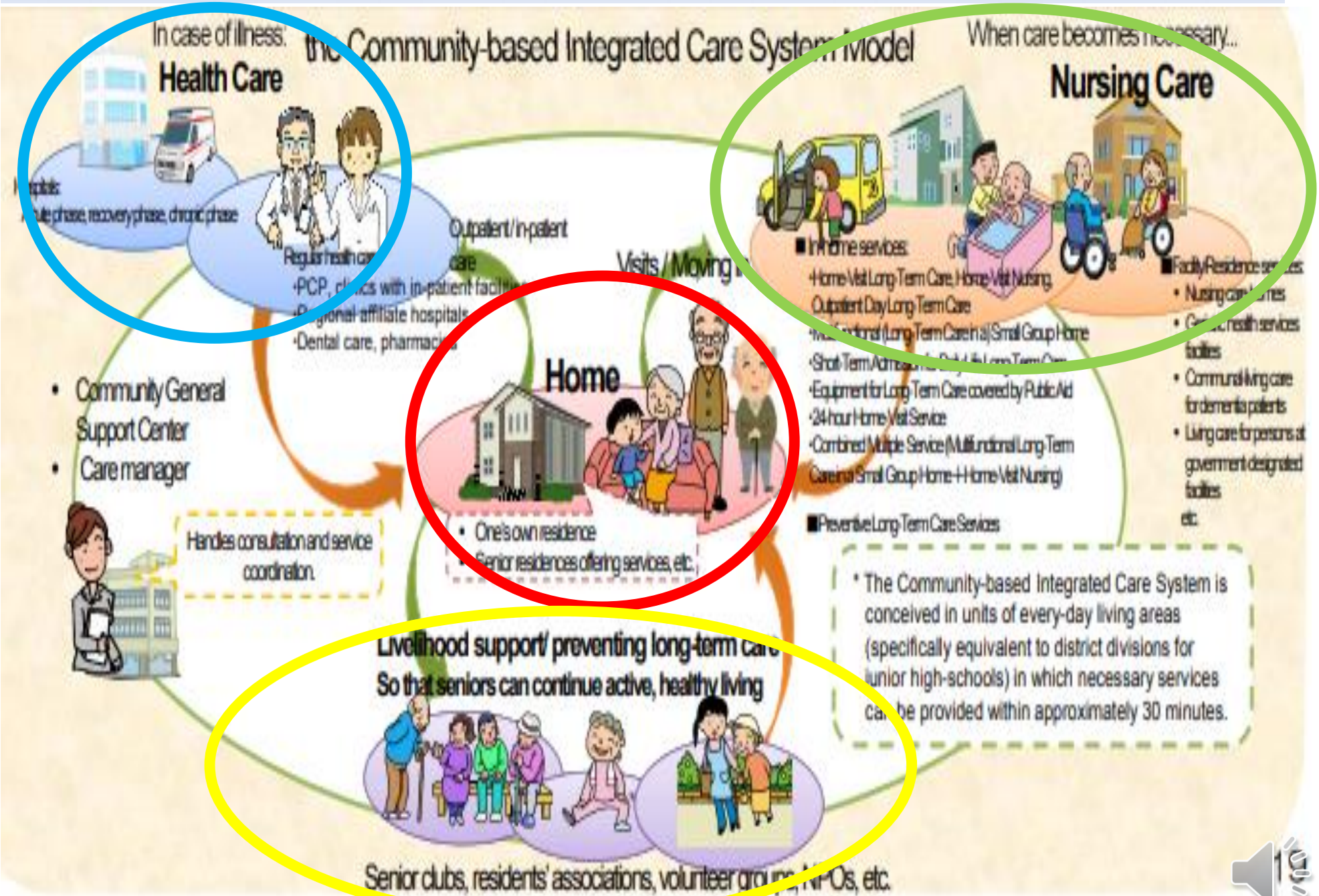
The number of deaths will continue to increase and in 2040 it is projected to reach 1.67 million.



参考：2010年までの死亡数は人口動態統計。
2015年以降の死亡数は「日本の将来推計人口(平成24年1月推計)の出生中位・死亡中位仮定に基づく推計」



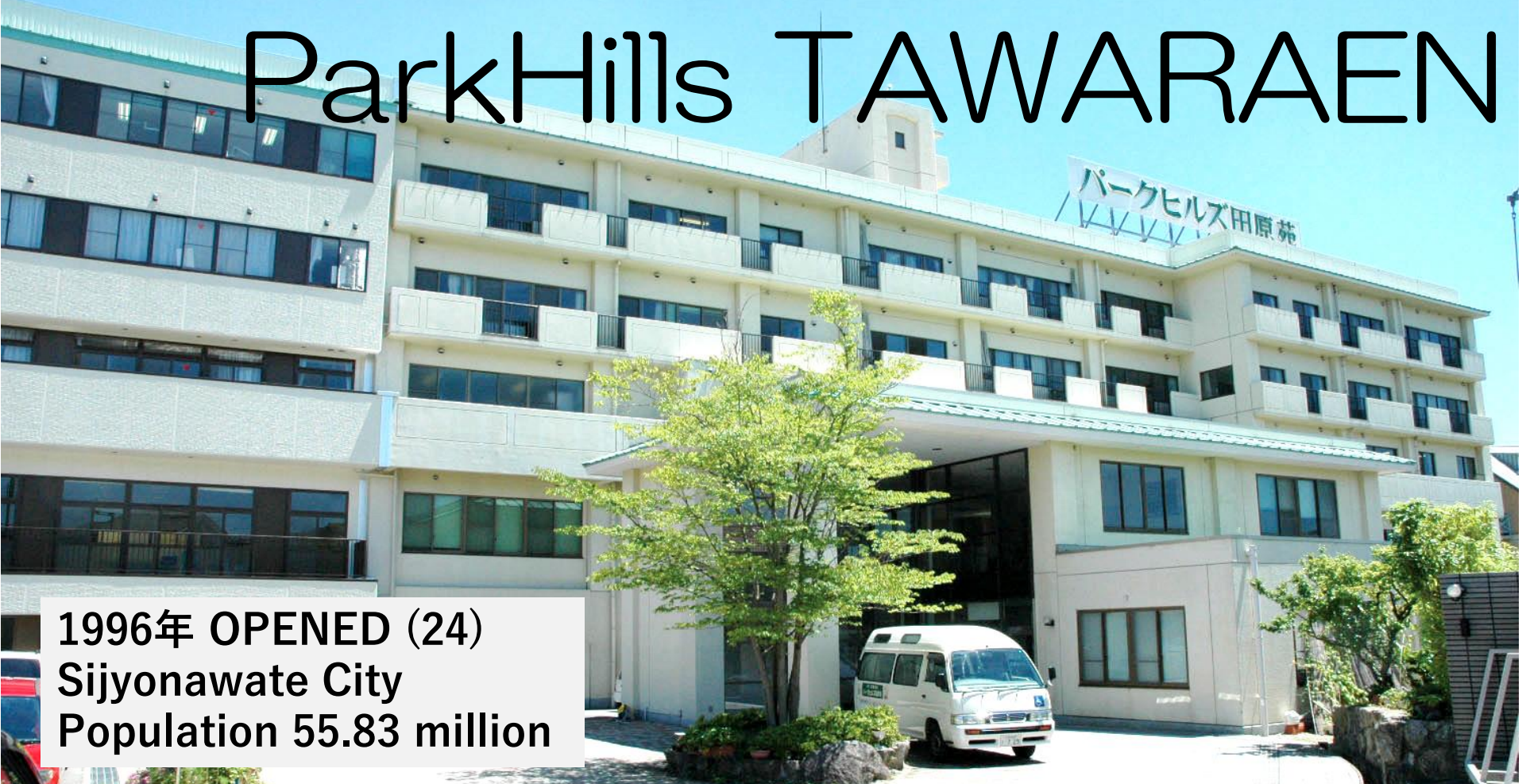
Establishing 'the Community-based Integrated Care System'



Medical Group of WAKOKAI

Geriatric Health Facility

ParkHills TAWARAEN



1996年 OPENED (24)
Sijyonawate City
Population 55.83 million

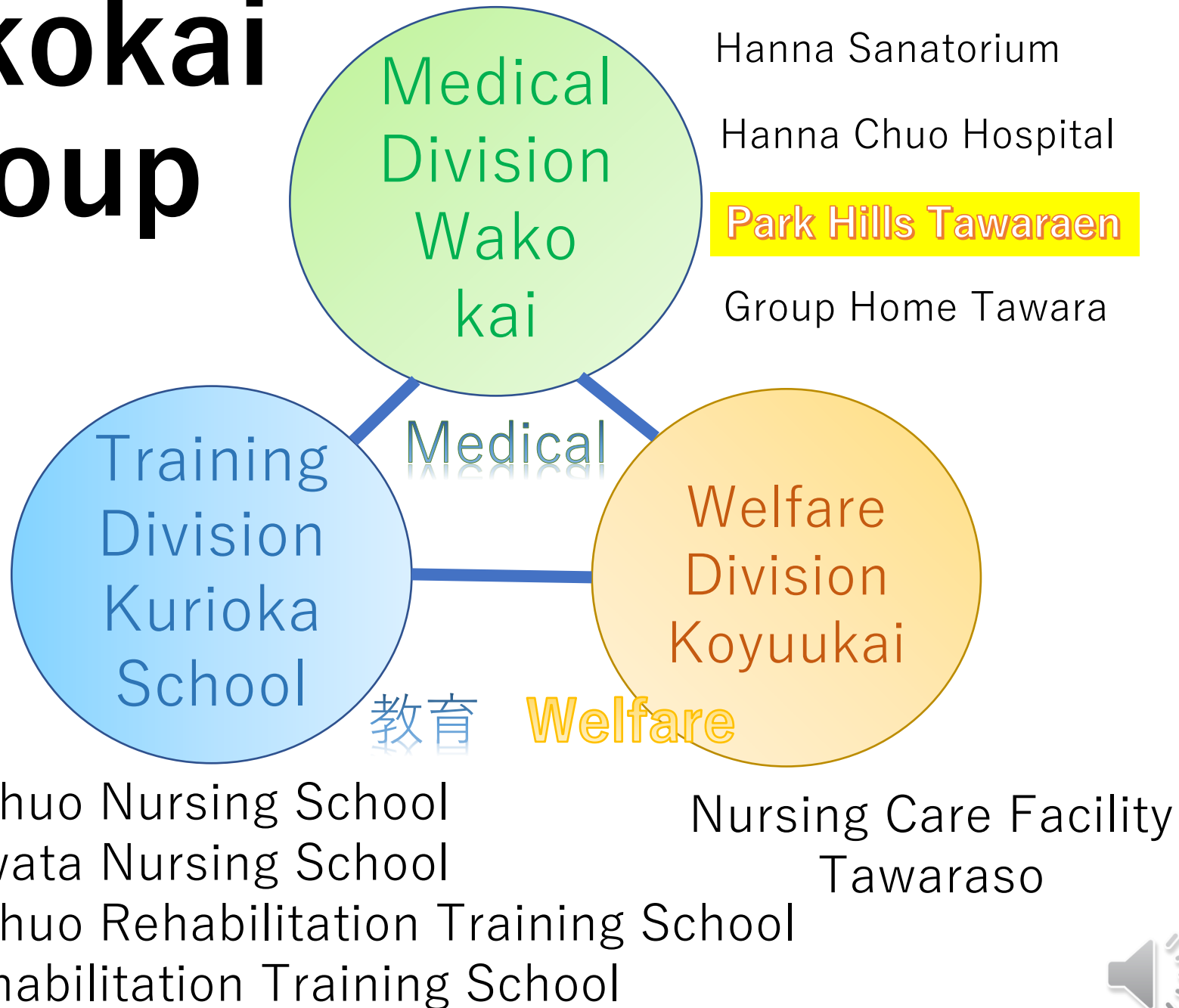
Residents 100 patients **Level 1-5** Return home plan and palliative care

General Care Ward (3 floors) 50 patients including: Stroke patients, Rare Disease patients, Orthopedic patients, Dementia patients (2 floors) 50 patients including: BPSD (patients with behavioral and psychological disorders)

Outpatients 40 **Level 1.2** **Level 1~5** Support lives at home



Wakokai Group



① Integrated Care Service



② Rehabilitation



③ Aiming for returning home

④ Support for staying at home



Features of Parkhills Tawaraen

I **Well managed service for rehabilitation**

- physiotherapists, occupational therapists and speech therapists are stationed
- Well equipped with good exercise machines

II **Facility is well established in the community, community cooperation, Contribution to community**

- Facility promotes community engagement, and is welcoming
- Creating a town where people are happy and live long healthy lives

III **Accepting students from overseas**

- Providing overseas students with part-time work and on the job training for Japanese language acquisition
- Facility that produces future workforce for medical welfare

IV **Measures for Covid-19**



I. Well equipped rehabilitation service and cooperation within the community

Workforce:

National standard for 100 residents

Doctor x 1 Nurse x 9 Carer x 25

PT/OT/ST one of them x 1



Residents x 100 and
Outpatient x 40
No. Workforce

Parkhills Tawaraen
As of July 25 2020
Number of staff

1 + 0.4 = 1.4	Physio Therapist	9	13 (12.4)	Rehabilitation Room
	Occupational Therapist	3		
	Speech Therapist	1		



Fitness Class



II. Facility that is well established in the community, Community cooperation, Contribution to community

Community-based integrated Support Centre · Early Dementia Intensive Treatment Support Team
Community Members, Social Welfare Committees, Community Social Workers (CSW)
Life Support Coordinator (Community support members)



Community-based integrated support centre (Shijonawata No.3)



There are four community-based integrated support centres in Shijonawata.

One of them is located on the ground floor of the facility.

1. Data management of elderly population in the area
2. Consultation service to elderly people and their families
3. DV prevention and law enforcement
4. Provide support and advice to case workers
5. Care management for prevention



Activity by men's group- Body and Mind



Men's Cafe



"Everyone's Exhibition"



Volunteer's Visit – Japanese Culture · Pottery



Activities: Learn about nursing with children



認知症サポーター養成講座



37人が参加



車椅子の介助



III. Accepting overseas students



Foreign students enjoy a kimono

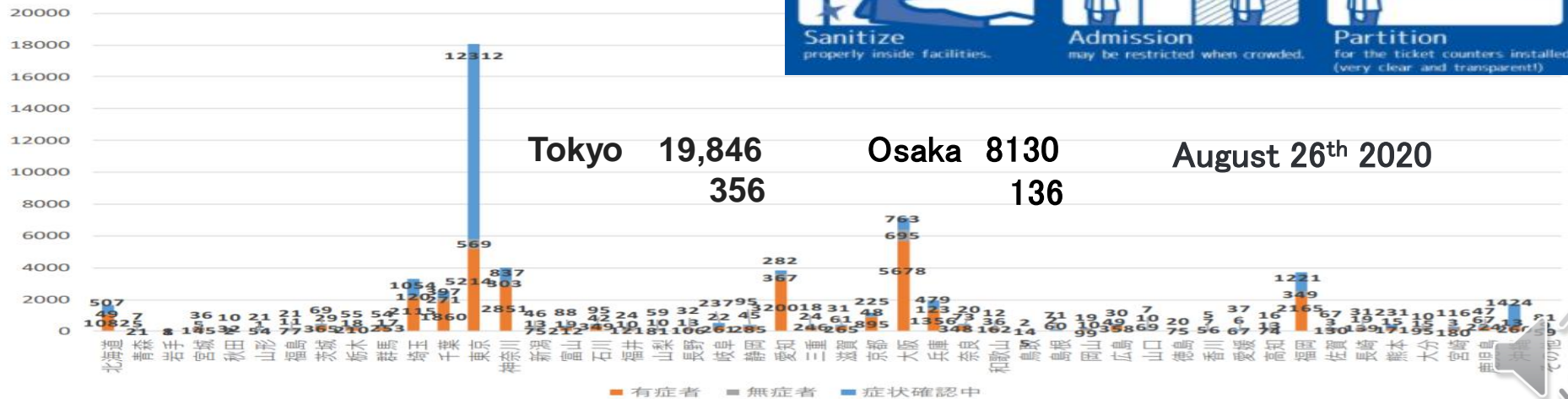
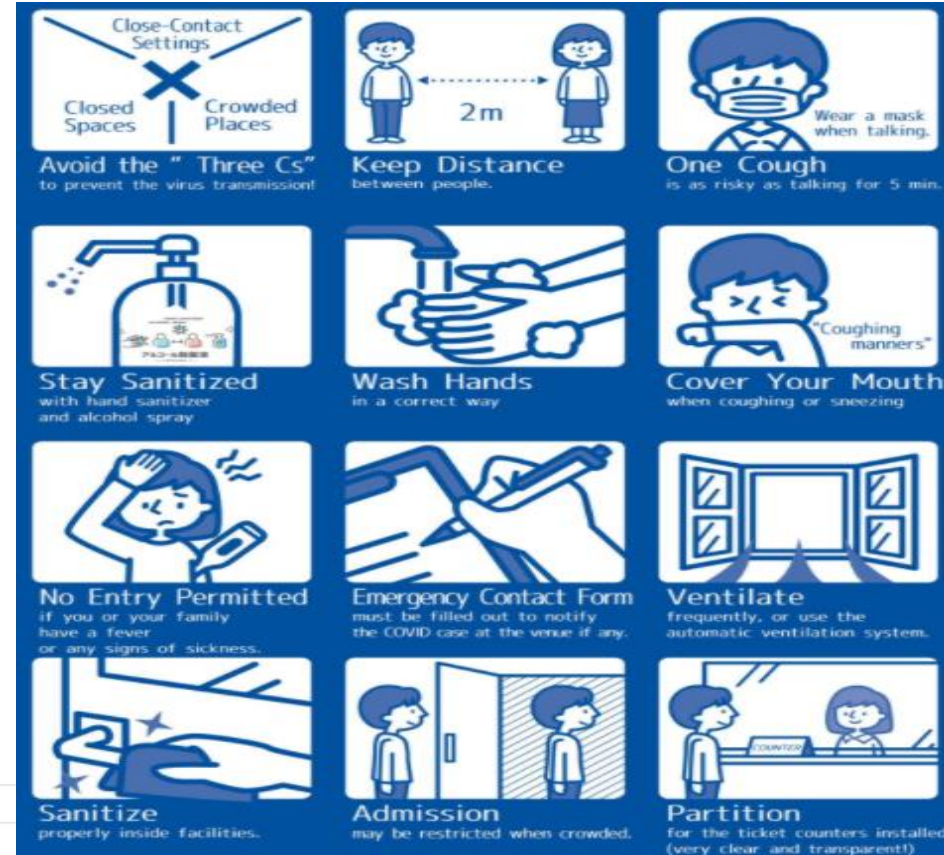


IV Measures for COVID-19

World
Cases 24,176,836
Deaths 825,696

Japan
Cases 63,822
Deaths 1,209
Older people 626

Australia@5/9 26,207
Deaths 748
Deaths in aged care homes 539(508 Vic)



Measures taken for COVID-19

April 4 State of emergency declared (7 prefectures)

April 17~May 6

Declared state of emergency throughout Japan~Extended to

May 31

May 21 Cancelled in Osaka

Outpatient Rehabilitation Service (Daycare)

April 18~ Closed day care and short stay service

April 27~ Shower for Critical patients only

2~4 patients per day 1~2hours

May 7~ 6~8 hours service restarted

individual rehabilitation restarted

May 11~ critically ill patients and elderly looking

after elderly case 6~10 people per day

May 18~ Open for short time users

June 1 Normal operation

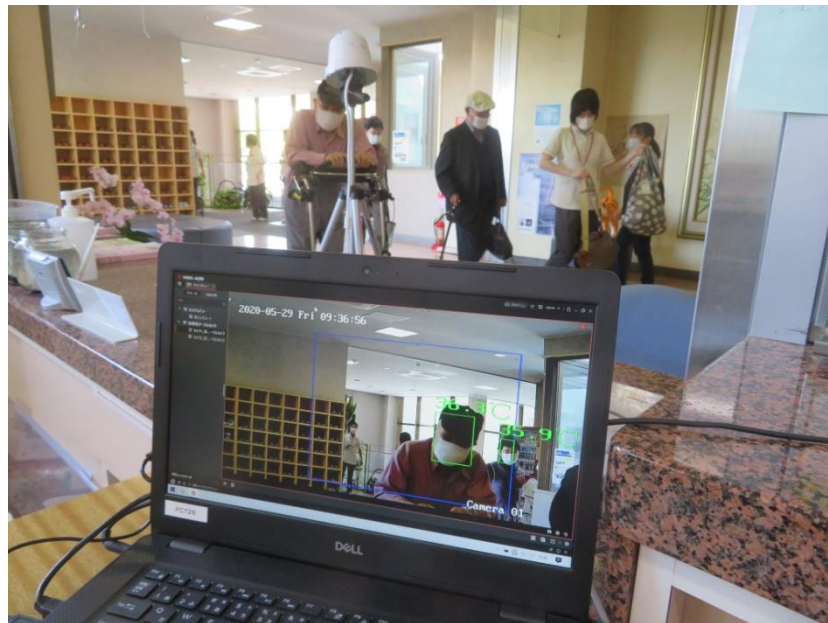
June 3 Fitness class started





Automatic thermometer

4 times a day temperature check for staff
At home in the morning, Before work,
After lunch and End of day
Purchased non-contact thermometers
Temperature screening using AI thermal
camera placed at the reception (May 20)



Measures for COVID-19

Additional hand washing area was installed
Every one carries sanitizing sprays.



Managing clients and visitors

Feb1(Sat) Restricted number of visitors

Wearing of mask、sanitising hands手指消毒、not more than 2 people, below 12 years old was not allowed, restricted area



Feb 27(Thurs) No visitors allowed

April Online meeting

Meeting at the window



June Meeting with partition by appointment, 10 min for 1-2 people

July12 Warning level declared

news about the cluster in the hospital near by

No visitors allowed

July 13 Online meeting and window meeting



Measures for COVID-19

For Patients and their families sending letters and photos by carers

April
cherry-blossom viewing



May Mothers
day



Measures for COVID-19

Shortage of masks
Everyone made masks



Summary

The geriatric health facility positions itself between medical and care sectors and plays a role in promoting the wellness of aged populations. When community-based care systems mature, elderly people can receive medical and care services promptly. Covid-19 has given tremendous stress to medical and care providers but by sharing the specialist knowledge and information with the community it can be managed well.

It is important that everyone across borders contributes and shares ideas for medical care for a better ageing in our communities.



Thank you for listening.



**THANK YOU MARI, ALL HER SUPPORTERS IN JAPAN AND
RIKA ASAOKA by MARY GURGONE, MC**

**USE “CHAT” ICON ON ZOOM TO TYPE YOUR QUESTION AND
INDICATE WHO YOU WANT TO REPLY.**

**Questions will be answered during the panel discussion after all
speakers have finished their presentations**

Irene Mooney, CEO of MYVISTA Residential Aged Care

Irene, CEO of MYVISTA since 2015, following many years in CEO and executive positions within the WA Aged Care Industry in metropolitan and rural areas. Irene will share how she has managed during the COVID-19 pandemic for the largely ethnic clients in her facility.

Theresa Kwok, CEO of Chung Wah Association Community & Aged Care(CAC)

Theresa has been a key driver of the organisation for over 30 years. She has experience in the social sector and has worked with Asian and international groups. She shares some of her thoughts on managing community and aged care in the COVID-19 context.



知人。知老。

A culture of caring. A lifetime of joy.

The Chung Wah Association

Community & Aged Care 

「Caring for Our Community Since 1909」

Aged Care Services & COVID-19 Response from Japan & Australia (Victoria & WA)

A community approach from Chung Wah

16 September 2020

chungwahcac.org.au



connect
with us



chungwahcac



知人。知老。

A culture of caring. A lifetime of joy.

The Chung Wah Association

Community & Aged Care 

「Caring for Our Community Since 1909」

Supporting and addressing the Needs of seniors from CALD (culturally & linguistically diverse) background through:

- Regular weekly COVID-19 update in clients' language
- Telephone welfare check (over 2200 phone contacts made)
- 1-to-1 COVID-19 Welfare packages delivered to 800 seniors
- Producing COVID-19 educational videos in seniors' language
- Mobilising total community involvement (volunteers) in product production and phone contacts
- Measuring & survey the impact of COVID-19 on CALD seniors

chungwahcac.org.au



connect
with us



chungwahcac

Henrietta Podgoska, Communications & Community Engagement Manager, Umbrella Multicultural Community Care Services

Henrietta has worked in the community sector for Culturally and Linguistically Diverse (CaLD) groups in various roles in both metropolitan and rural settings around Australia. She has served on national and state advisory groups. She will share the COVID-19 response by Umbrella.

*In time of crisis, characters aren't made,
they are revealed.*



THANK YOU IRENE, THERESA & HENRIETTA by MARY GURGONE, MC

USE “CHAT” ICON ON ZOOM TO TYPE YOUR QUESTION AND INDICATE WHO YOU WANT TO REPLY.

Questions will be answered during the panel discussion after all speakers have finished their presentations

Elizabeth Drozd, CEO of Australian Multicultural Community Services

Elizabeth has worked in community services sector and local government since 1991. She is a Board Director of Care Connect and the Chairperson of a charitable foundation for a local Rotary Club.

She was a Victorian Multicultural Commissioner from 2008 to 2015. In 2019, she was awarded a scholarship to participate in non-profit Management at the Harvard Business School in Boston, USA. She will provide a snapshot of migrant aged care during the current outbreak in Victoria.

PANEL DISCUSSION

Speakers will answer your questions

Key Benefits of AfCAS

**Stronger
brand – as a
collective**

**Increased
prospect of
funding**

Cost savings

**Improved
efficiencies**

**Economies of
scale**

**Enable NFPs
to focus on
service
delivery**

Members are joining AfCAS because the Association will increase:

- Awareness of CALD Seniors' aged care needs and CALD aged care services
- Gain an understanding of financial viability of CALD specific aged care services
- Have a voice for sustainability of CALD specific aged care services
- The quality of care provided to CALD seniors

- * **Speakers & Participants**
- * **Rika Asaoka**
- * **AfCAS Board**
- * **Centre for Capability and Culture**
- * **IT Support Dwayne Osborne**
- * **ECU Interns Devika and Dinusha**



William Street
Family Therapy Centre

CONTACT US: info@afcas.net
FIND OUT MORE AT: www.afcas.net



Web: <http://www.afcas.net/>

Email: info@afcas.net; M.

0413 619 748